PART B - FEE(S) TRANSMITTAL Complete and semathic form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 OCT 0 6 2009 Alexandria, Virginia 22313-1450 (571)-273-2885 or <u>Fax</u> INSTRUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence stelluding the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected becomes appropriate to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notification. maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 07/09/2009 24739 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. CENTRAL COAST PATENT AGENCY, INC 3 HANGAR WAY SUITE D WATSONVILLE, CA 95076 (Depositor's name) SPA 10/08/2009 RMEBRAH1 00000073 10696651 (Signature) 01 FC:2501 755.00 OP 200 (Date) 6 300.00 DP 02 FC:1504 FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO APPLICATION NO. FILING DATE P1985 7795 Vincent Cedric Colnot 10/696.651 10/30/2003 TITLE OF INVENTION: SECURE MEMORY DEVICE FOR SMART CARDS WITH A MODEM INTERFACE DATE DUE **PUBLICATION FEE DUE** PREV. PAID ISSUE FEE TOTAL FEE(S) DUE APPLN. TYPE SMALL ENTITY ISSUE FEE DUE \$1055 10/09/2009 \$300 \$0 nonprovisional YES \$755 CLASS-SUBCLASS ART UNIT **EXAMINER** SUN, SCOTT C 2182 710-062000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE OHVA, INC. Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖵 corporation or other private group entity 🔲 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Advance Order - # of Copies

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